

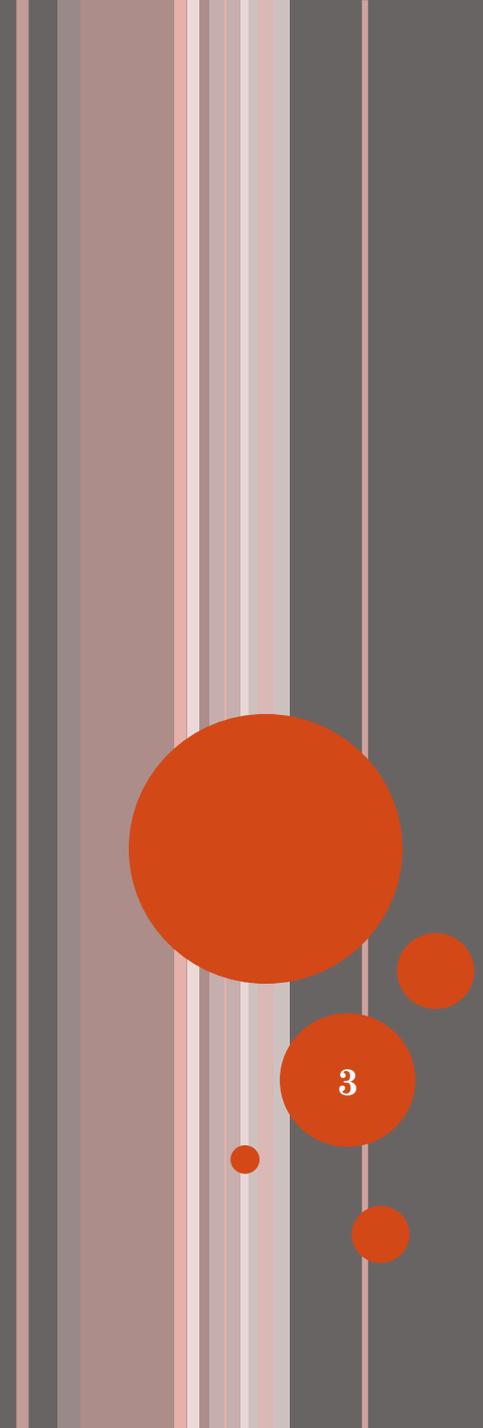
# **MEDICAID LONG-TERM SERVICES AND SUPPORTS REBALANCING INITIATIVES**

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**Legislative Office Long-Term Care Planning  
Committee Meeting  
September 15, 2015**

# AGENDA

- Community First Choice (CFC)
- Testing Experience and Functional Tools (TEFT)
- Balancing Incentive Program (BIP)
  - No Wrong Door
- Right Sizing & Rebalancing
- Presumptive Eligibility (PE)
  - HCBS Unit Fast Track
- Money Follows the Person Transitions
- Money Follows the Person Sustainability Plan
- Comments & Questions
- Contacts & Information
- Rightsizing & Rebalancing Plans



# COMMUNITY FIRST CHOICE (CFC)

Christine Weston

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# COMMUNITY FIRST CHOICE (CFC)

## OVERVIEW

- The Affordable Care Act (ACA) allows states to implement this new Medicaid entitlement.
- CT's CFC Development Council includes key community stakeholders and State Agency representatives to develop the State Plan Amendment (SPA).
- CFC provides an opportunity for the individual to have “budget authority” and “employer authority.”

# COMMUNITY FIRST CHOICE

The State Plan Amendment outlines eligibility as well as services and supports offered under CFC.

## Eligibility:

- Open to Medicaid individuals that meet Level Of Care (LOC).
  - Hands on care/cueing/supervision with ADLs.
  - Does not create a new eligibility group.
- This is an entitlement and slots are not limited in CFC.

# COMMUNITY FIRST CHOICE

## CFC Services and Supports

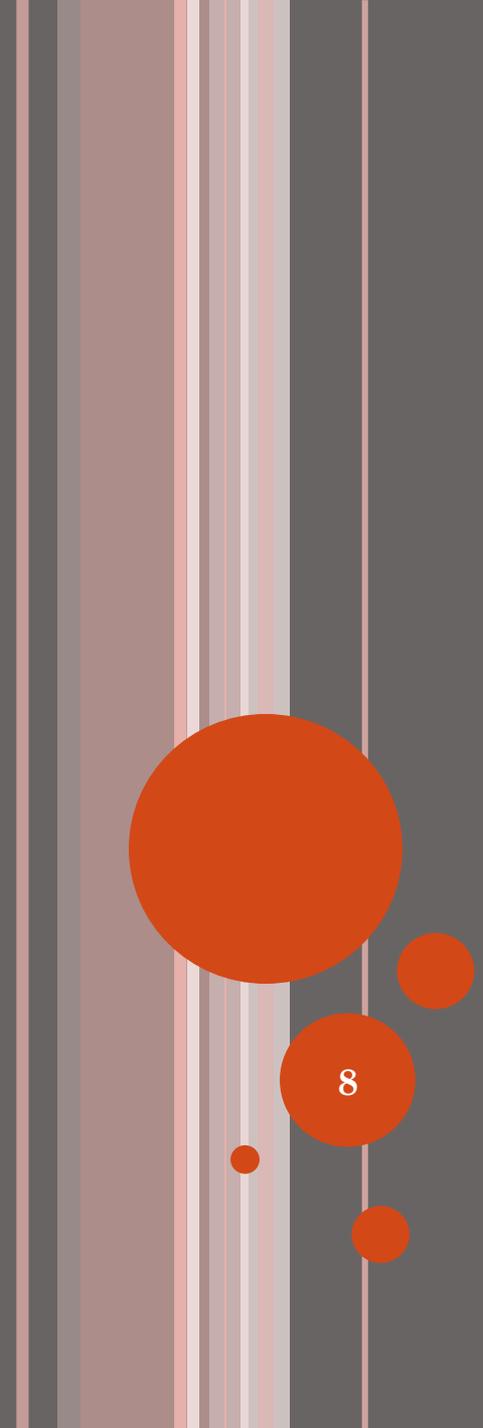
- Personal Attendants (traditionally known as PCAs)
- Personal Emergency Response Systems (PERS)
- Home Delivered Meals
- Voluntary training for participants
- Transitional Services
- Workers Compensation Insurance for employees
- Services that increase independence or substitute human assistance through Assistive Technology and Environmental Accessibility Adaptations

*CFC is entirely person-centered and self-directed*

# COMMUNITY FIRST CHOICE

## Accomplishments to date

- CFC online application launched July 2015.
- CMS approved the SPA.
- Amended the PCA, ABI II, and CHCPE Waivers to reflect the new entitlement.
- Created procedure codes and dedicated fee schedules.
- Utilized Development Council to inform SPA and create outreach materials.
- Worked with contracted agencies to operationalize CFC services.
- Started referring CFC applicants for assessment.



# TESTING EXPERIENCE AND FUNCTIONAL TOOLS (TEFT)

Paul Ford

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# TEFT

- DSS is contracting with University of Connecticut, namely:
  - The UCONN Center on Aging at UCONN Health, and
  - UCONN School of Nursing

# TEFT

## UCONN Center on Aging-Dr. Julie Robison

Together with stakeholders in the State of Connecticut, the Department of Social Services, Division of Health Services aims to:

- Field test a beneficiary experience survey for validity and reliability.
- Field test a modified set of Continuity Assessment Record and Evaluation (CARE) functional assessment measures.

# TEFT

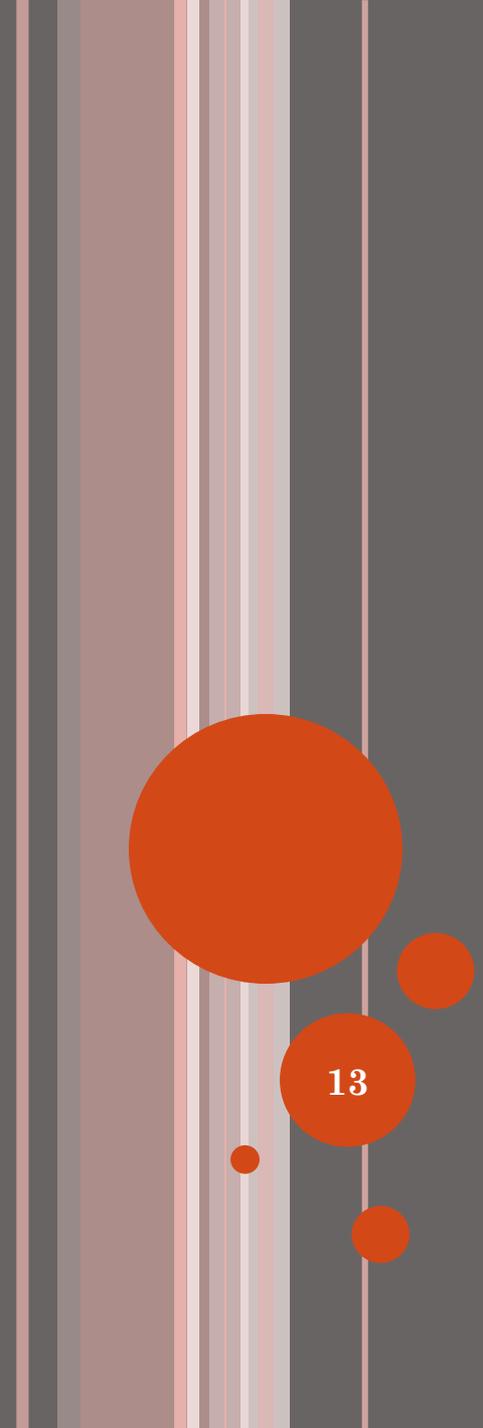
## UCONN School of Nursing-Dr. Minakshi Tikoo

- Demonstrate use of personal health records (PHR).
  - Request for Proposals soliciting PHR vendors was released September 9<sup>th</sup>.
- Identify, evaluate and harmonize an electronic Long Term Services and Supports (e-LTSS) standard in conjunction with the Office of National Coordinator's (ONC) Standards and Interoperability (S&I) Framework
  - Currently an ongoing process.

# TEFT

Follow us on:





# BALANCING INCENTIVE PROGRAM (BIP)

Karen Law

Tamara Lopez

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# BALANCING INCENTIVE PROGRAM

## Overview

- Centers for Medicare and Medicaid Services (CMS) awarded Connecticut a grant for \$72,780,505 in December 2012.
- Connecticut applied for and received approval from CMS for:
  - An additional \$4.29m, total \$77.07m in grant funds.
  - An extension of time to use grant funds.

## Initiatives

- No Wrong Door (NWD)
- Conflict-Free Case Management Services
- Core Standardized Assessment Instrument
- Expand community Long-Term Services and Supports
- Develop necessary infrastructure for a more streamlined process for clients seeking community LTSS

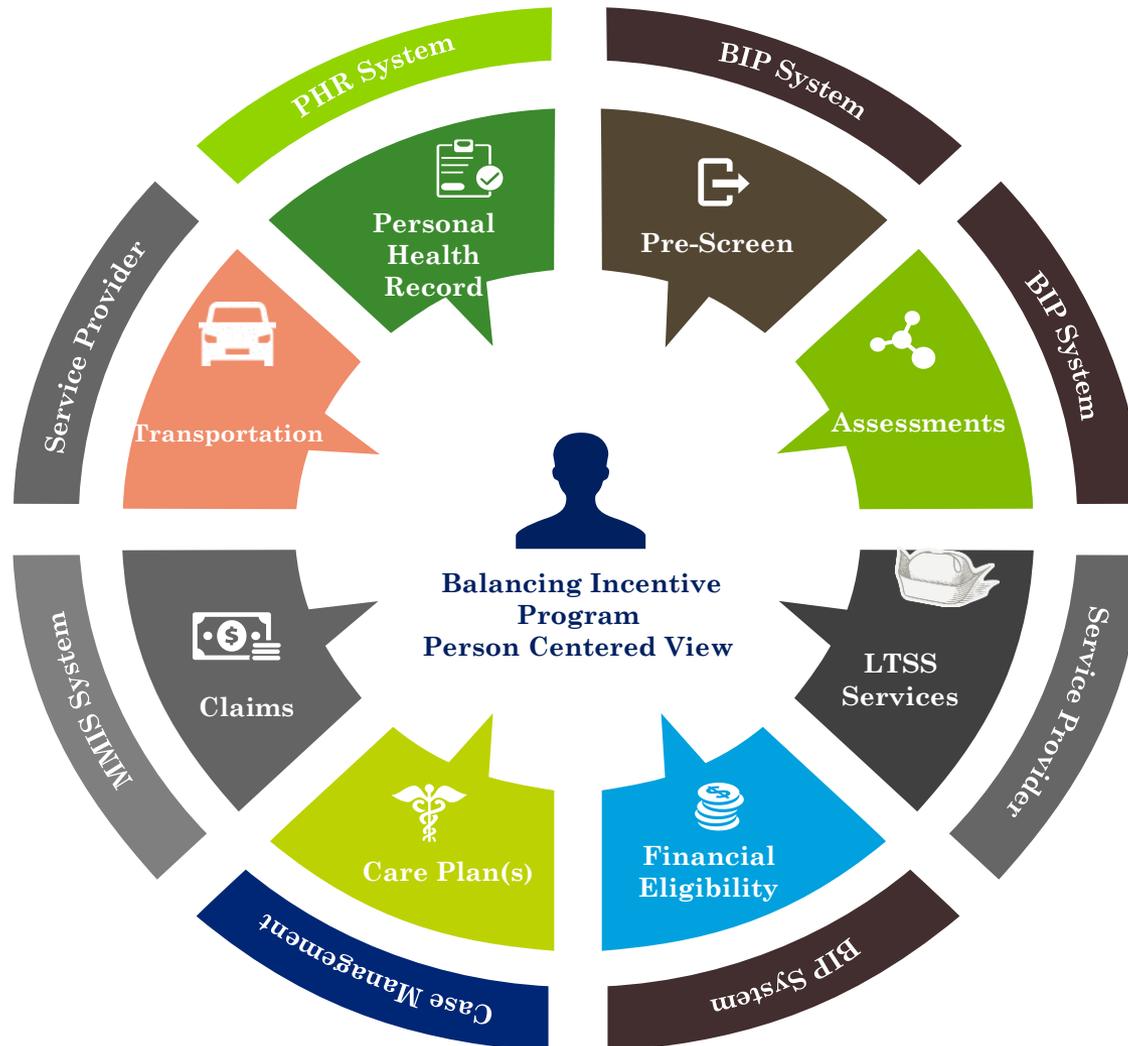
# STATUS OF THE BIP VISION

## Status of the Key Components of BIP System

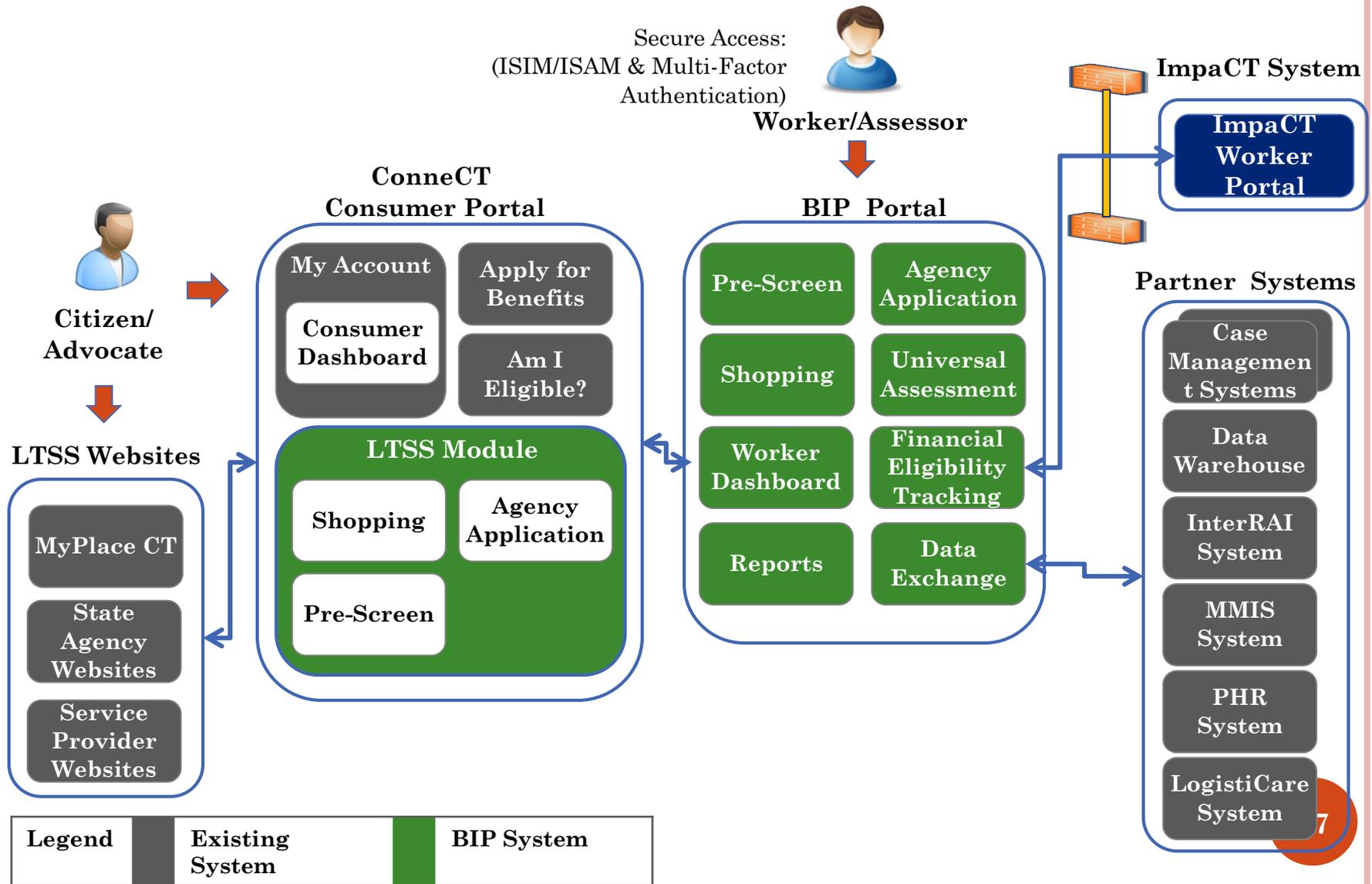
<b>Pre-Screen</b>	Self-service tool that allows consumers to identify potential service options	The Aging and Disability Resource Centers (ADRCs) are using the paper version The automated version will be available 2016.
<b>Universal Application</b>	Electronic form that allows consumers to submit an Application for LTSS online	Mimics the prescreen and has been automated for Community First Choice (CFC) applications.
<b>Medicaid Application</b>	Electronic form that allows consumers to submit the Medicaid Application online	Online submission is currently available on ConneCT. Enhancements anticipated for final release in 2017.
<b>Universal Assessment</b>	Standardized assessment tool that calculates consumer's level of need	The automated Universal Assessment launched 7/1/15 for a pilot group under CFC and MFP programs. Enhancements expected on going.
<b>Eligibility Determination</b>	Automated process that finalizes consumer's functional level of need and financial eligibility determination.	Coordination of the consumer's functional level of need and financial eligibility determination in the new DSS eligibility system, ImpaCT, is planned for 2017.
<b>Care Plan</b>	Integrates with partner systems to display the agreed upon service arrangement for consumer	Integration of data sharing is planned in part for the second release in 2016 with enhancements through 2017.

# BIP – A Person Centered View

The Connecticut Balancing Incentive Program (BIP) is a person centered system allowing Consumers and their circle of support to have access to information and services across multiple LTSS Agencies and programs.



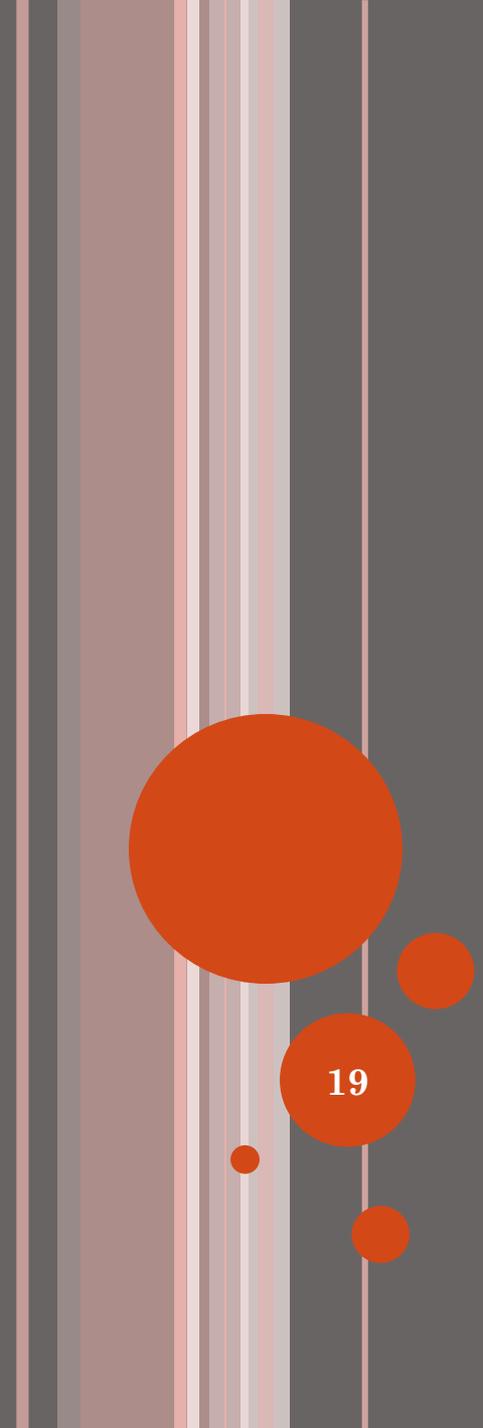
# HIGH-LEVEL TECHNICAL SYSTEM DIAGRAM



# BALANCING INCENTIVE PROGRAM

## No Wrong Door (NWD)

- Requirement of the Balancing Incentive Program
- Current NWD entities: 2-1-1, ADRCs
- Goal: Streamlined access to Long-Term Services and Support (LTSS) for individuals with disabilities and older adults
- Key concepts for NWD Partners
- Current activities



# RIGHT-SIZING & REBALANCING

Mairead Painter

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# RIGHTSIZING & REBALANCING: NURSING HOME DIVERSIFICATION

- Rightsizing and Rebalancing:
  - Supports Connecticut's Strategic Rebalancing Plan.
  - Includes the Nation's first town-by-town projection of a state's long-term care needs.
  - Ensures that nursing facilities diversify their services to participate in prevailing, less costly home- and community-based trends.

# RIGHTSIZING & REBALANCING: NURSING HOME DIVERSIFICATION

## Round 2

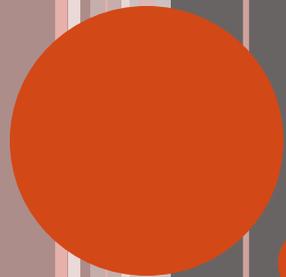
- May 29, 2015: Grant recipients announced.
- Five proposals submitted:
  - Four selected
  - One withdrawn
- Over \$3 million in grant awards.

## Requests for Proposals : Round 3

- Winter 2015/2016 (anticipated)
- Total funding up to \$25 million in federal and state funds (expected)

# RIGHTSIZING & REBALANCING: NURSING HOME DIVERSIFICATION

- Avery Heights (Hartford) :\$284,000 award
- Bishop Wicke Health and Rehab Center (Shelton): \$488,700 award
- Leeway, Inc. (New Haven): \$2,250,010 award
- Cherry Brook Health Care Center (Canton): withdrew application



# PRESUMPTIVE ELIGIBILITY

Karri Filek

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# PRESUMPTIVE ELIGIBILITY

- Would allow clients to quickly access available long-term services and supports while Medicaid applications are being processed.



# PRESUMPTIVE ELIGIBILITY

- Allows more clients to access services and supports in the community.
  - Leave long-term care facilities sooner.
  - **Divert hospital discharges to the community rather than facilities.**
  - Continue living in the community.
- Cost-savings alternative to long term care facilities.
- Supports careers in the healthcare field.

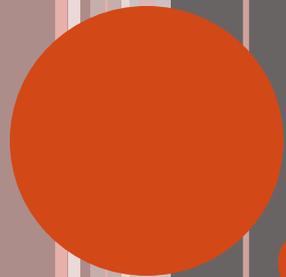
# PRESUMPTIVE ELIGIBILITY

- Pilot program in MFP.
  - Detailed plan in development.
- Analyze hospital discharge data to:
  - Identify people “stuck” in the system.
  - Identify barriers to community discharge.
  - Identify potential clients eligible for Presumptive Eligibility.
- Spans all populations of clients.

# FAST TRACK PILOT PROGRAM

Laurie Filippini, Home and Community Based Services Unit

- Expedites homecare services for Connecticut Homecare Program for Elder (CHCPE) applicants.
  - Identified at application.
  - Must meet certain criteria.
- Began on 07/01/2015 and will run six months.

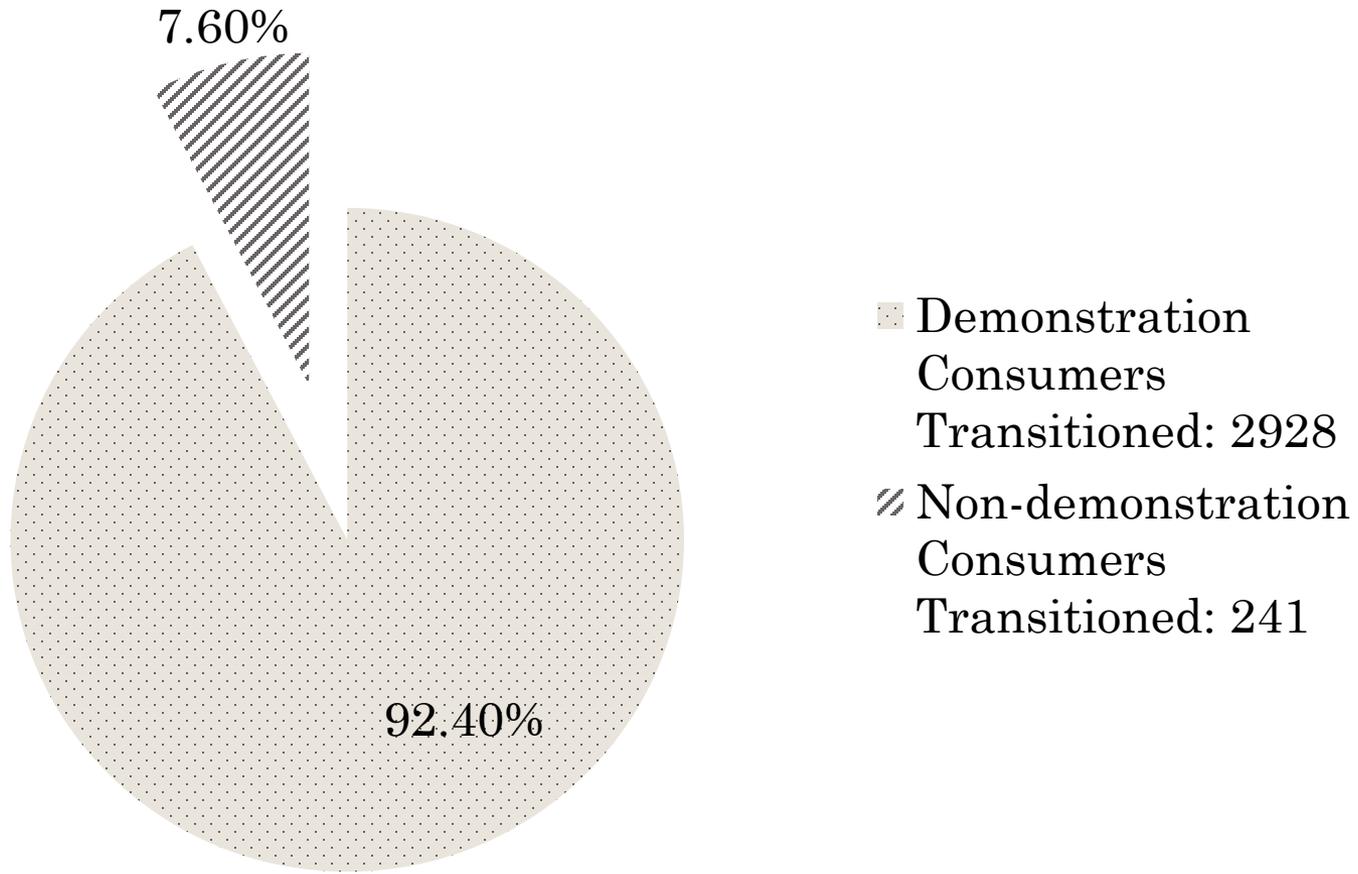


# MFP TRANSITIONS

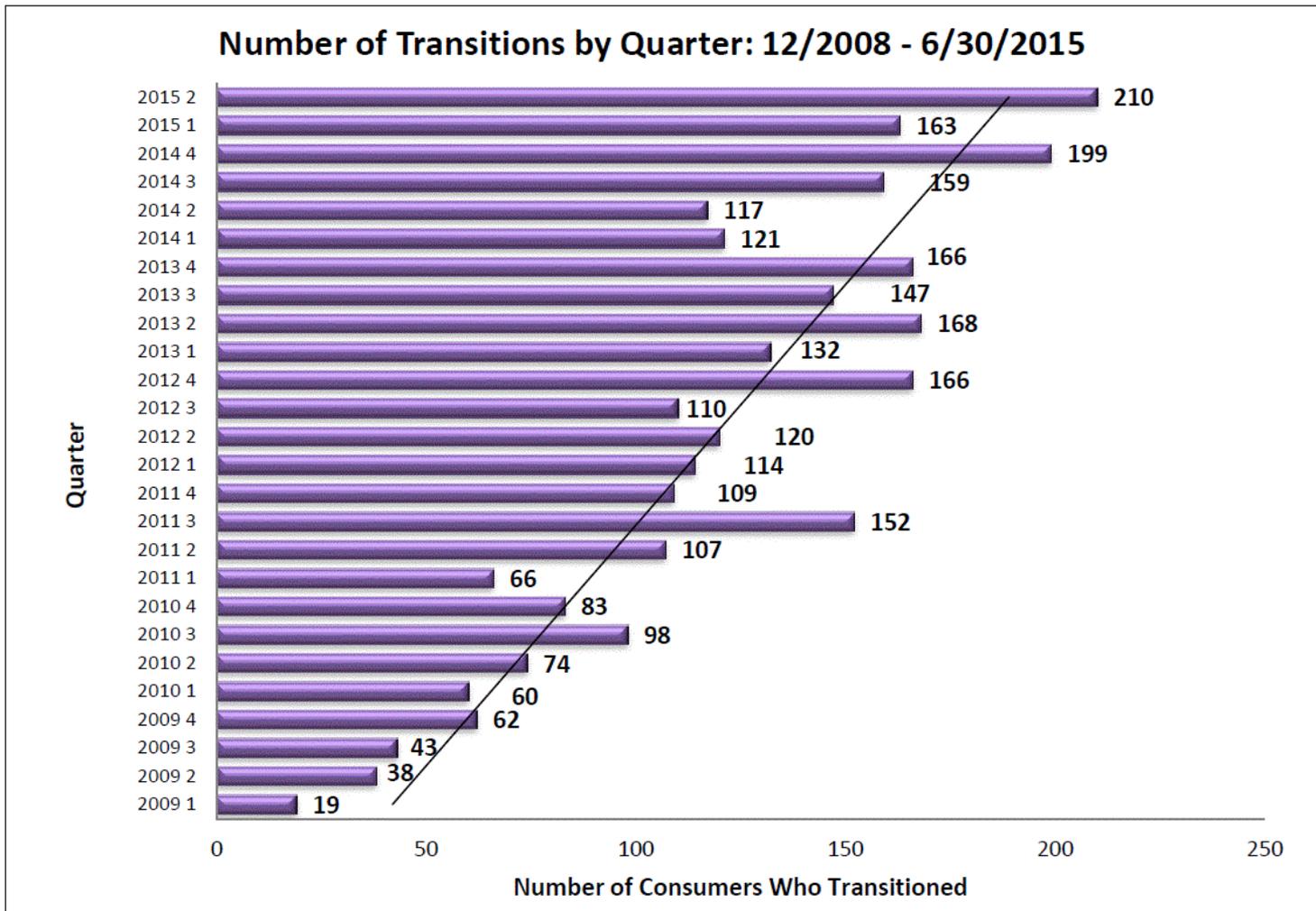
Dane Lustila

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# 3169 TRANSITIONS AS OF 9/10/15

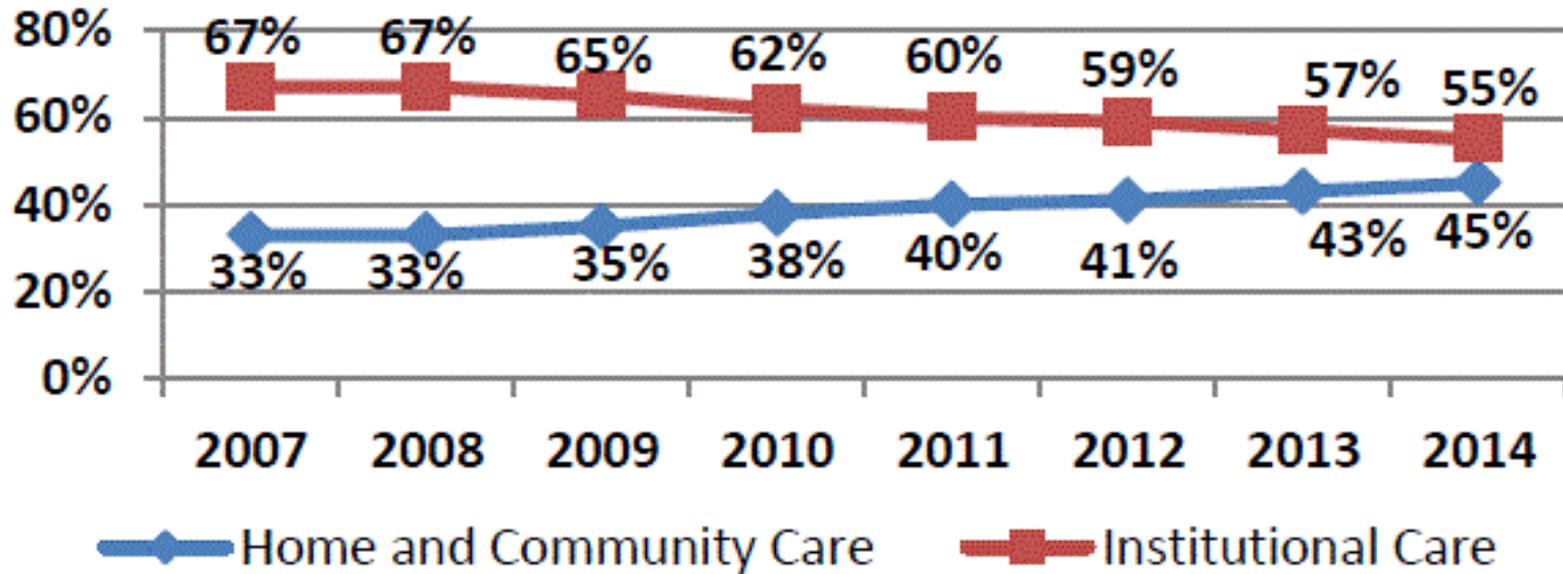


# TRANSITIONS BY QUARTER



## Benchmark 2

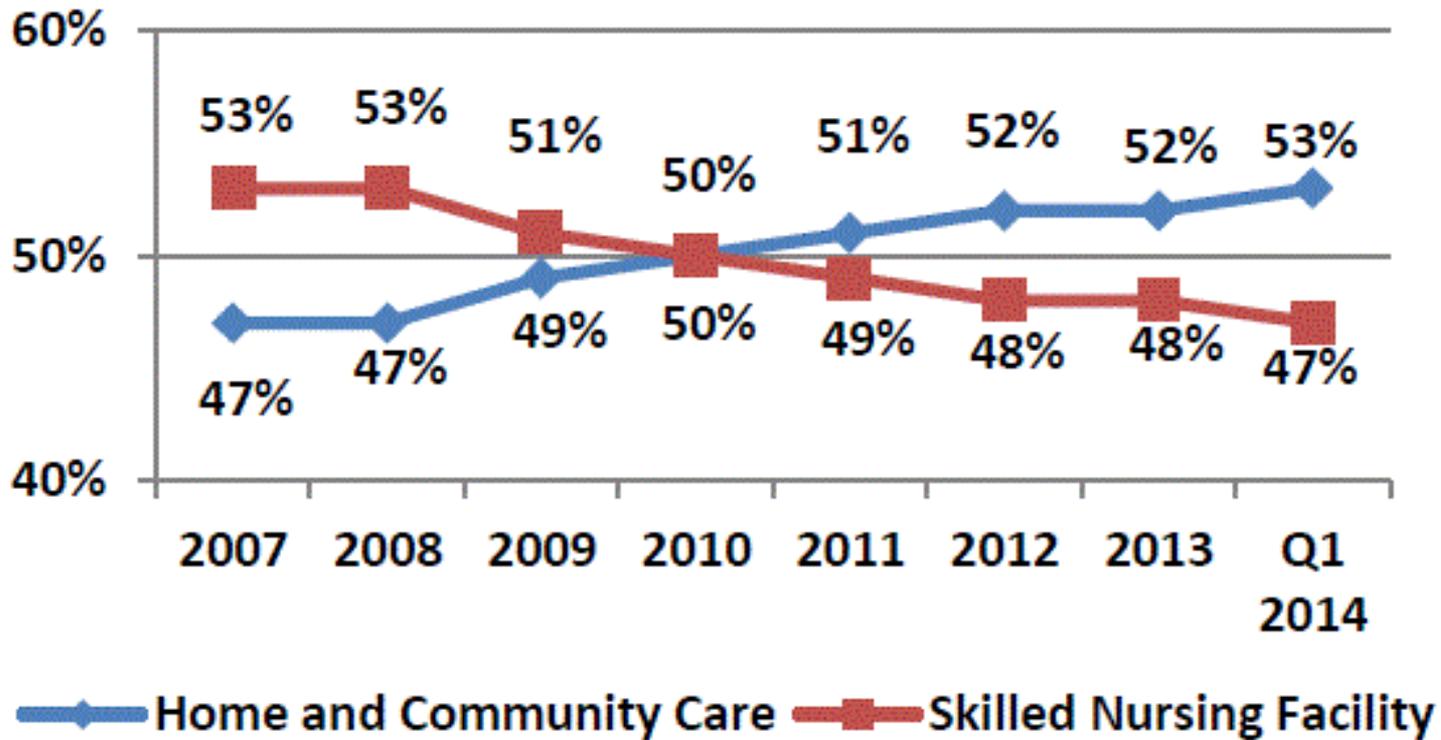
### CT Medicaid Long-Term Care Expenditures



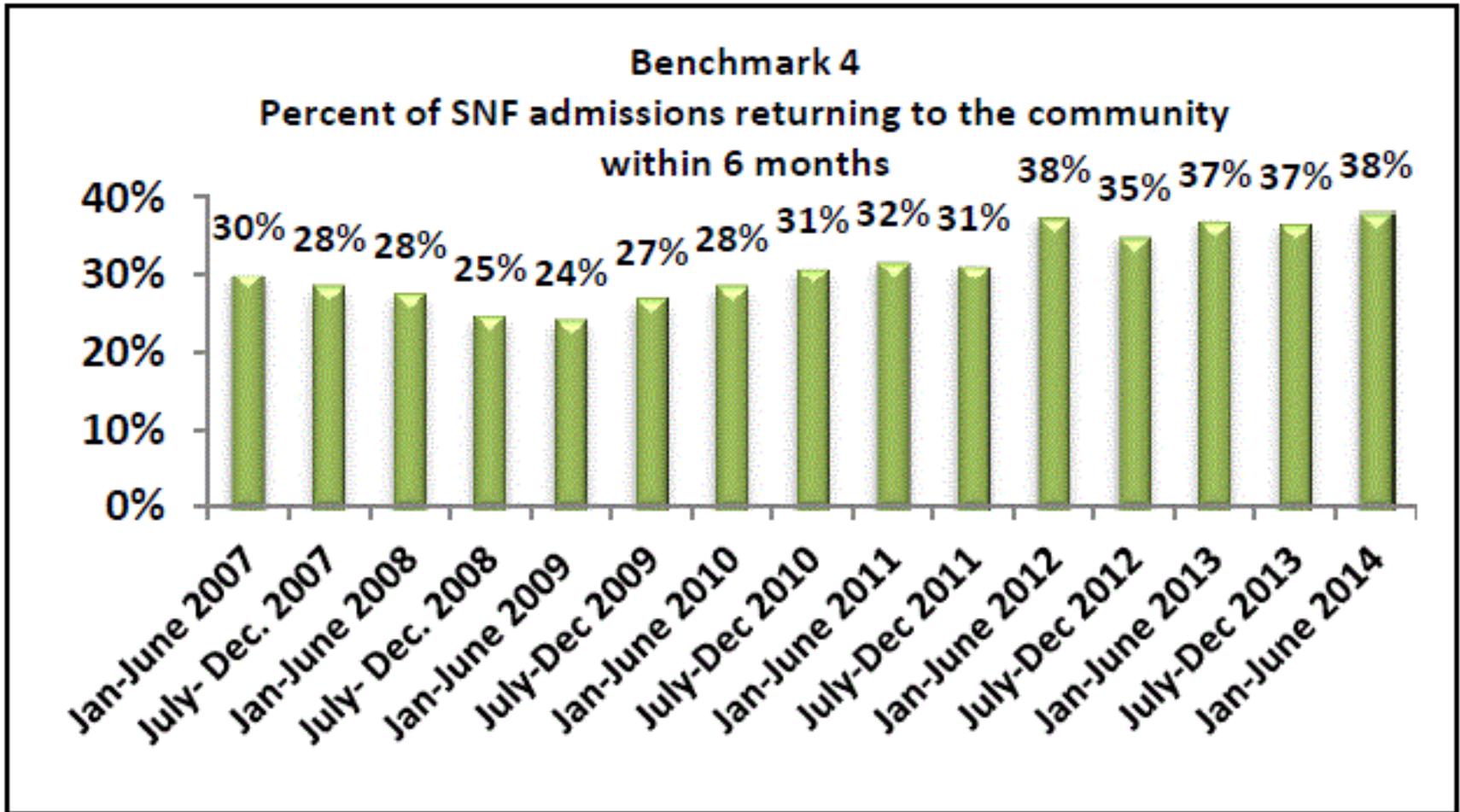
Data taken from the CT MFP Quarterly Report 2015: Quarter 2.

### Benchmark 3

#### Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility

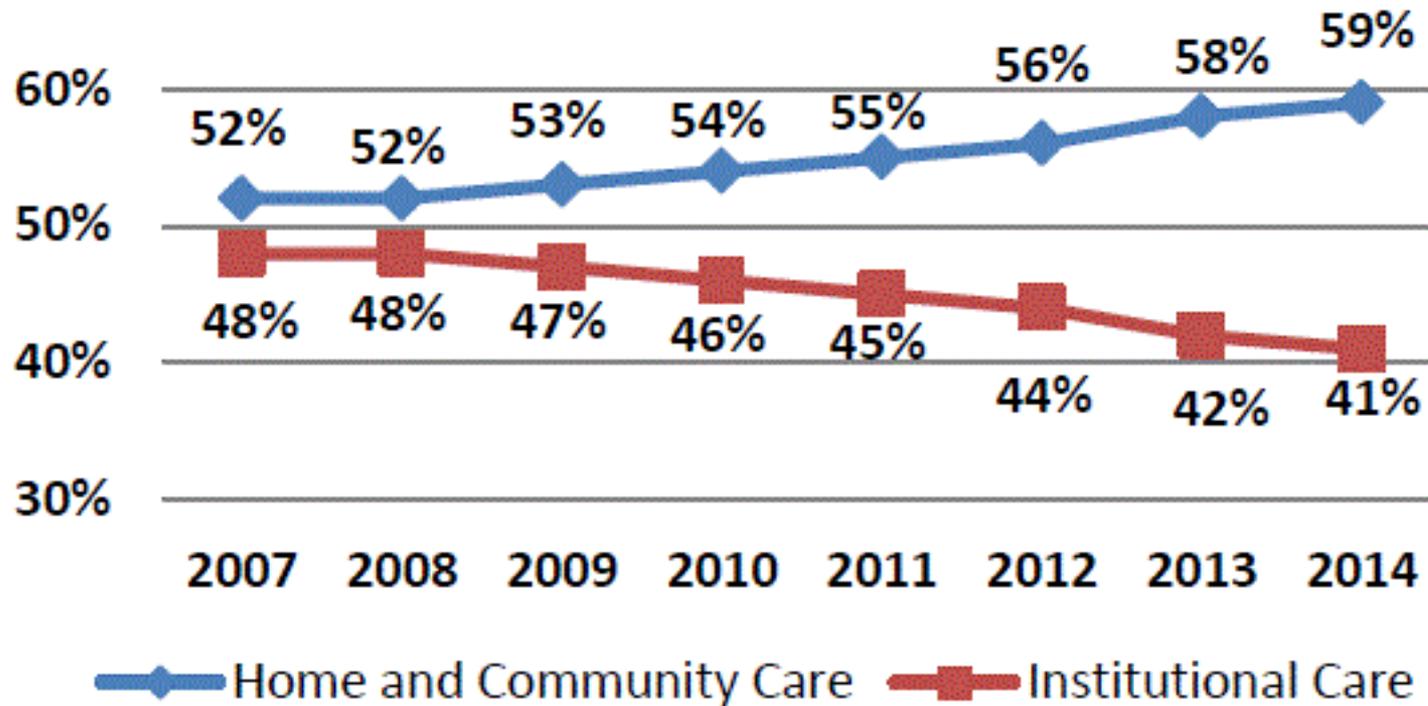


Data taken from the CT MFP Quarterly Report 2015: Quarter 2.

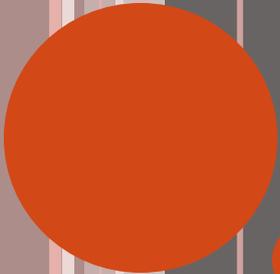


Data taken from the CT MFP Quarterly Report 2015: Quarter 2.

## Benchmark 5: Percent Receiving LTSS in the Community vs. Institutions



Data taken from the CT MFP Quarterly Report 2015: Quarter 2.



# MFP SUSTAINABILITY PLAN

Deanna Clark

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# MFP SUSTAINABILITY PLAN

- CMS requirement to submit a sustainability plan by April 30, 2015.
- The Plan includes:
  - Decisions to retain or delete a MFP service.
  - Description of how retained services will be sustained.
  - Staffing necessary to continue services.
  - Timeline for implementing plan.

# THE FUTURE OF MFP IN CT

- \$236,000,000 request through 2020.
- CT's DSS will continue to administer a transitional program after the Demonstration.
- Access to a specialized transitional team of a Specialized Care Manager, Transition Coordinator, and if needed, a Housing Coordinator.
- CT will retain the following MFP Demonstration services:
  - Transitional Funds
  - Addiction Services and Supports
  - Informal Caregiver Supports
  - Peer Supports
  - Transitional Recovery Assistant

# SUSTAINABILITY PLAN “OTHER ACTIVITIES”

- Proposal of new rebalancing strategies and tactics to implement in FY2016-18
  - Examples:
    - Community Collaboratives
    - Social Determinant Intervention
    - Collaboration with No Wrong Door initiative

# COMMENTS & QUESTIONS

- Thank you!
- Topics Covered:
  - Community First Choice (CFC)
  - Testing Experience and Functional Tools (TEFT)
  - Balancing Incentive Program (BIP)
  - No Wrong Door
  - Right Sizing & Rebalancing
  - Presumptive Eligibility (PE)
  - HCBS Unit Fast Track
  - Money Follows the Person Transitions
  - Money Follows the Person Sustainability Plan

# CONTACT INFORMATION

Dawn Lambert

Project Director

Department of Social Services-Money Follows the Person

[Dawn.Lambert@ct.gov](mailto:Dawn.Lambert@ct.gov)

860-424-4897

Karen Law

Public Assistance Consultant

Department of Social Services-Money Follows the Person

[Karen.Law@ct.gov](mailto:Karen.Law@ct.gov)

860-424-5971

Tamara Lopez

Health Program Associate

Department of Social Services-Money Follows the Person

[Tamara.Lopez@ct.gov](mailto:Tamara.Lopez@ct.gov)

860-424-5535

# CONTACT INFORMATION

Paul Ford

Health Program Assistant  
Department of Social Services-Money Follows the Person  
[Paul.Ford@ct.gov](mailto:Paul.Ford@ct.gov)  
860-424-5376

Deanna Clark

Health Program Assistant  
Department of Social Services-Money Follows the Person  
[Deanna.Clark@ct.gov](mailto:Deanna.Clark@ct.gov)  
860-424-4984

Dane Lustila

Eligibility Services Worker  
Department of Social Services-Money Follows the Person  
[Dane.Lustila@ct.gov](mailto:Dane.Lustila@ct.gov)  
860-424-5078

# CONTACT INFORMATION

Karri Filek

Eligibility Services Specialist  
Department of Social Services-Money Follows the Person  
[Karri.Filek@ct.gov](mailto:Karri.Filek@ct.gov)  
860-424-5895

Christine Weston

Social Worker  
Department of Social Services-Money Follows the Person  
[Christine.Weston@ct.gov](mailto:Christine.Weston@ct.gov)  
860-424-5521

Mairead Painter

Social Worker  
Department of Social Services-Money Follows the Person  
[Mairead.Painter@ct.gov](mailto:Mairead.Painter@ct.gov)  
860-424-5844

Laurie Filippini

Social Services Program Manager  
Department of Social Services-Home and Community Based Services  
[Laurie.Filippini@ct.gov](mailto:Laurie.Filippini@ct.gov)  
860-424-5029

# INFORMATION

- CT Department of Social Services  
[www.ct.gov/dss](http://www.ct.gov/dss)
- CT Department of Social Services Money Follows the Person  
<http://www.ct.gov/dss/cwp/view.asp?Q=414524&A=2345>
- CT Department of Social Services CHCPE  
<http://www.ct.gov/dss/cwp/view.asp?a=2353&q=305170>
- CT MFP and CFC online application  
[www.ctmfp.com](http://www.ctmfp.com)
- Community Care and Support Information  
[www.myplacect.org](http://www.myplacect.org)

# INFORMATION

- CT Health Information Technology  
<http://www.ct.gov/dss/cwp/view.asp?a=3922&q=554932>
- CT Money Follows the Person Quarterly Report: Quarter 2 2015: April 1, 2015-June 30, 2015  
<http://www.uconn-aging.uchc.edu/2015%20Q2%20MFP%20report.pdf>
- Nursing Home Rebalancing Grants Press Release: Second Round  
[http://portal.ct.gov/Departments\\_and\\_Agencies/Office\\_of\\_the\\_Governor/Press\\_Room/Press\\_Releases/2015/05-2015/Gov\\_Malloy\\_Announces\\_\\$3\\_Million\\_in\\_Nursing\\_Home\\_Rebalancing\\_Grants/](http://portal.ct.gov/Departments_and_Agencies/Office_of_the_Governor/Press_Room/Press_Releases/2015/05-2015/Gov_Malloy_Announces_$3_Million_in_Nursing_Home_Rebalancing_Grants/)
- Strategic Rebalancing Plan: A Plan To Rebalance Long Term Services and Supports  
[http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic\\_rebalancing\\_plan\\_1\\_29\\_13\\_final2\\_\(2\).pdf](http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_(2).pdf)

## **Avery Heights (Hartford)**

Avery Heights was awarded the right to negotiate a pre-development contract for the requested amount of \$284,000 for the Renovation of Avery House into affordable housing apartments. The development of Affordable Housing on the Avery Heights campus aims to increase community housing options so that people can age in place.

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## **Bishop Wicke Health and Rehabilitation Center (Shelton)**

Bishop Wicke was awarded the right to negotiate a pre-development contract for of the requested amount of \$488,700. Bishop Wicke Health plans to develop a 9,000 square foot community center on a one-acre parcel, adjacent to Bishop Wicke Rehabilitation Center, situated on the frontage of Wesley Village. The center will also provide an opportunity to house offices for support organizations serving residents.

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## **Leeway, Inc. (New Haven)**

Leeway, Inc was awarded the right to negotiate a contract for the requested amount of \$2,250,010. Leeway's rebalancing plan is the development of the Community Transformation Treatment Program, a model of community care that includes a robust community case management program with an integrated adult day health center. The program emphasizes personal empowerment through health literacy and coaching, to prepare individuals to return successfully to the community by extending physician-directed chronic care management services.

## **Rightsizing & Rebalancing:**

Avery Heights

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Bishop Wicke  
Health and  
Rehabilitation  
Center

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Leeway, Inc.